Annual Summary of Case Management Practice Trends
FY 2014.2015

Community Partnership for Children’s quality assurance activities during the year consisted of targeted case reviews to focus on specific child populations who are most impacted by negative outcomes in the areas of safety, permanency and well-being. A total of 140 Targeted Case Management Services Reviews (reduced from 144 by 4 cases in the 3rd quarter to accommodate the CFSR Mock Case Trainings) and 6 Child & Family Services Reviews (CFSR) In-Depth Reviews with interviews were completed this fiscal year.

Outcomes of Targeted Case Management Service Reviews

The outcomes from the targeted case reviews were tracked and arranged into the following categories: Safety, Permanency, Well-Being, Safe Case Closure and Supervisor Consultations. The graph below illustrates the practice trend results over the course of the fiscal year.

Safety Outcome

Safety outcomes were obtained from the Rapid Safety Feedback tool which was developed to target the safety of children 0-3 years of age receiving in-home services – as they were determined to be the highest risk population in the child welfare system. Other criteria in selecting these cases included that there was at least one prior report received on the victim child and the parent or caregiver had been the alleged perpetrator for family violence threatens child and/or substance abuse.

Outcomes from the Rapid Safety reviews were discussed in planned weekly roundtable consultations that included the Chief Operating Officer, the Director of Case Management, Training Supervisor(s), QA Specialists and the appropriate case management personnel (Program Administrators and CM Supervisors). Each case was reviewed as to its strengths and areas needing improvement, and if improvements were identified, additional guidance was provided. This guidance, written as Action Steps, was agreed upon during the discussion and then followed through to completion by the QA Specialists. There were no cases reviewed where an immediate safety concern required a Request for Action.
Strengths

Consistently favorable ratings were evidenced in the areas of providing the appropriate services to the family to protect the child and prevent removal or re-entry into out-of-home care (90%), completing initial and on-going assessments for emerging risks (84%) and completing sufficient background checks and home assessments (87%). Efforts were evidenced by the agency to match the safety services to the known maltreatments and arrange or facilitate the family's access to the relevant services. Initial and on-going assessments for present and impending danger and to evaluate the family's evolving situation were sufficient, and if Safety Decision Making Methodology (SDMM) was implemented, the appropriate Ongoing Family Functioning Assessments and/or and Progress Updates were completed timely. Positive ratings were also evidenced by the agency to complete the required background checks when necessary on informal safety plan managers, new household members and parents; and other parent home assessments and family arrangements.

Areas Needing Improvement

The development of appropriate safety plans with the family was an area needing improvement due to an outstanding number of cases where SDMM was not implemented and safety plans were never created. Although there was evidence of safety planning discussions, they were not sufficient in addressing the identified safety concerns (31%).

Another area needing improvement by the agency is to consistently monitor the family’s engagement in their safety related services and to maintain regular communication with the safety managers and service providers (79%).

Permanency Outcomes

Permanency outcomes were measured using the targeted permanency tool that focused on children ages 13-17 who entered out-of-home care at the age of 13 and above; and have been in out-of-home care for six months or longer.

Strengths

Many outcomes relating to permanency were rated favorably throughout the fiscal year. The establishment of a timely and appropriate permanency goal (97%), efforts to achieve the permanency goal (91%), siblings also in out-of-home were placed together (97%), efforts were made to promote visitation with parents and siblings (97%), maintaining the child's important connections (95%) and placing with relatives (90%).

Areas Needing Improvement

Stability (79%) and promoting and maintaining positive relationships between the parents and child (81%) were two areas noted as needing improvement. The unfavorable stability ratings were due to an older population of clients placed in group homes and exhibited behavioral issues which included run away episodes.
Well-Being Outcomes

Well-Being outcomes were rated according to the targeted well-being tool focused on children ages 5-12 in out-of-home care.

Strengths

Positive trends evidenced in the well-being outcomes were efforts by the agency to assess the needs of the children, parents and foster parents initially and on an on-going basis (89%); and to involve the parents and children in the case planning process (98%). Assessments for the child(ren) revealed the need for an array of services including independent life skills, sex education/teen parenting education, mentoring, and making new connections (to a biological parent the child did not have a previous relationship with). One case also included adoption counseling for the child(ren) and foster parents. Necessary services were identified and timely referrals were made to match the parent's and foster parent's needs. There was documentation the agency had appropriate discussions with the child regarding their case plan goals and services; and made efforts to involve parent(s), if appropriate, in the case planning process.

Educational (90%) and mental health care (88%) needs of the child were consistently rated as strengths throughout the fiscal year. Numerous efforts were made by the agency to identify educational needs, to make timely referrals and to follow up on completed evaluations. Several cases involved older children who required special education services and/or tutoring and on-going follow ups with the school officials occurred. In one case, the agency repeatedly advocated with a school due to the child's truancy and suspension record. Mental/Behavioral health needs were assessed initially and on-going through informal and formal assessments, and when psychotropic medications were prescribed, state protocols and on-going monitoring by the agency were evidenced in the case file.

Areas Needing Improvement

The areas of well-being needing improvement included visits with the child (63%), visits with the parents (58%) and physical health of the child (81%). There was a lack of documentation regarding consistent private conversations with the child and completing unannounced visits. Consistent efforts by the agency in maintaining monthly face to face contact with the parents was also not consistently evidenced in the case file. The improvement needed to the physical health needs of the child are the dental health needs – the initial and on-going needs are not being consistently addressed or documented.

Safe Case Closure - Florida Specific

Planning for safe case closure ensures that the agency has provided a competent service process that fits the child and family's evolving situation and includes on-going discussions with families and other entities responsible for the child’s safety and well-being prior to case closure.

Safe case closure (78%) rating indicated variable outcomes during the fiscal year due to insufficient documentation by the case manager in maintaining regular contact with service providers, daycare providers and other collateral stakeholders involved with the family.
Supervisor Consultations - Florida Specific

Supervisor consultations are guided discussions with the case manager essential to achieve case plan goals and ensure positive outcomes for families and children. These discussions ensure the case manager is able to assess and evaluate the family condition and discuss why the child is safe or if present or impending danger concerns have been identified. The conversations also identify concerns in the service provision related to permanency and well-being and ensure pertinent staffings/interventions are held at critical junctures to promote case progress.

Guidance and follow through by the supervisor is also needed to ensure safe case closure.

Strengths/Areas Needing Improvement

This past fiscal year the agency struggled with consistently documenting qualitative supervisor consultations. There was evidence of discussions between the case manager and supervisor but the consultations were not complete in documenting safety, permanency and well-being outcomes and recommended actions were not followed through on in a timely manner. Efforts are needed by the supervisor to ensure follow through on their direction and to arrange staffings with appropriate parties at critical junctures during the case.

Quality Assurance Feedback

No Safety or Administrative RFA's were issued this past fiscal year regarding the case management practice trends. Action Steps were issued during the Rapid Safety Feedback reviews and follow through to completion by the QA Specialists. The majority of requests required case management to develop or update a safety plan with the family, schedule post placement re-integration staffings, document a supervisor review and/or closing summary and document private conversations with the child to ensure safety.

QA feedback during the permanency and well-being reviews was a process where recommendations were made to case management via provision of the tools and recommended steps needed to achieve positive progress in the areas identified. Case Manager Supervisors were provided the feedback in addition to Program Operations Administrators in order to follow up on the recommended action items and ensure compliance in order to ensure improvement of the permanency and well-being outcomes for the children reviewed.

Outcomes of the Child & Family Service Reviews (In-Depth with Interviews)

There were six CFSR's completed during the fiscal year – 4 Out of Home and 2 In-Home cases - with the following results:

Safety Outcome 1

Item 1: Children are first and foremost protected from abuse and neglect.

Applied to 3 cases only they were all substantially achieved due to the timeliness of initiating the investigative reports and face to face contact with the child was made in accordance with state requirements.
Safety Outcome 2

Item 2: Services to the family to protect the child (ren) in the home and prevent removal or re-entry into foster care.
Item 3: Risk Assessment and Safety Management

Applied to all 6 cases where 4 cases were Substantially Achieved and 2 cases were Partially Achieved. Item 2 was a strength overall as the agency was able to provide or arrange for the appropriate services to the family to control the identified danger threat(s). Item 3 was an area needing improvement due to not developing a safety plan with the family, or developing a safety plan but not including relatives or other appropriate people or the daycare as suitable safety managers.

Permanency Outcome 1

Item 4: Stability of foster care
Item 5: Permanency goal for the child
Item 6: Achieving Reunification, Guardianship, Adoption or other planned living arrangement

Applied to 4 cases where 2 cases were Substantially Achieved and 2 cases were Partially Achieved. The agency’s strength in all cases was establishing the appropriate permanency goal for the child in a timely manner and filing a termination of parental rights petition as required. In two of the cases – areas of improvement included the need for placement stability of a teen (and the same results were evidenced in the targeted reviews) and an adoption case plan of a seven year old child who’s permanency had not been reached in a timely manner.

Permanency Outcome 2

Item 7: Placement with siblings
Item 8: Visiting with parents and siblings in foster care Preserving connections
Item 9: Preserving connections
Item 10: Relative placement
Item 11: Relationship of child in care with parents

Two of the cases were not applicable. Three of the cases rated Substantially Achieved and 1 case was Partially Achieved. The areas needing improvement in the partially achieved case centered on a teen who had a placement change that took him to the west side of the county (away from his mother, siblings and extended family). The result was reduction in face to face contact with his mother and siblings; and loss of his community connections.

Well-Being Outcome 1

Item 12: Needs and services of the child, parents and foster parents
Item 13: Child and Family Involvement in case planning
Item 14: Case worker visits with the child
Item 15: Case worker visits with the parents

Three of the cases were Substantially Achieved and 3 of the cases rated Partially Achieved. Strengths continued to be assessing and identifying the needs of the child (in all age groups) and the needs of the parents and foster parents. Visits with the child and/or parents was an area
needing improvement in 4 of the cases due to an insufficiency of qualitative age appropriate
discussions with the child and ensuring monthly face to face contact with the parents.

**Well-Being Outcome 2**

**Item 16**: Educational needs of the child

All 4 of the applicable cases rated this outcome as Substantially Achieved. Strengths included
the monitoring of the child’s school performance in discussions with the child (if age appropriate)
and identifying any educational needs and the foster parent’s involvement with the school and
tutoring assistance.

**Well-Being Outcome 3**

**Item 17**: Physical health of the child
**Item 18**: Mental/behavioral health of the child

The outcomes applied to 4 cases that all rated Substantially Achieved. In these cases the
agency addressed and documented that the physical health needs, including dental health,
were completed according to the periodicity schedule and that any identified needs were
addressed and matched to the appropriate service provider. When there was evidence of
mental health needs, both formal and informal assessments were evidenced and the child’s
needs were matched to an appropriate service provider. There were no children requiring
medication management evaluated during the in-depth reviews.

**Addressing Findings**

Ongoing quality initiatives put into practice in the previous fiscal year continue to develop and
provide positive outcomes not only for our children and families, but also for our case
management staff. The results of this year’s data indicates that enhancements made in pre-
service training, supervisory oversight and case monitoring have proven to be effective in
improving the outcomes in the permanency, well-being and safety domains.

Agency programs that continue to provide positive results are the utilization of our Permanency
Specialists and the Reintegration Staffing process for children who are reunified. Both programs
allow administrative oversight to ensure service provision, compliance and appropriateness of
the permanency goals and safe and stable placements for the children we serve.

CPC has a Health Services Coordinator and a Nurse Care Coordinator who are focused on
monitoring compliance of our psychotropic medication management records as well as the
medical, dental and immunization records of children in care in order to assist with ensuring
well-being. Recruiting and utilizing dentists who have the capacity and availability to provide
quality dental services for children in out of home care continues to be a priority for our agency.

The University of South Florida, our subcontracted child welfare training provider, continue to
develop and deliver Learning Circles for CPC supervisors. The purpose of the Learning Circle is
to share best practices, be instructed on new policies and procedures and to be introduced to
emerging innovative practices in child welfare supervision. Safety Planning, assessing
Conditions for Return and other SDMM practices have been the focus of Learning Circles this fiscal year.

Community Partnership for Children also coordinated, facilitated and/or participated in several new interagency workgroups in order to share training opportunities and have regular communication and feedback with stakeholders about our system of care and the children and families we serve.

CPC continues to work very closely with DCF Regional Family Safety staff, our Managing Entity and the community providers in order to expedite treatment services, enhance the feedback loop with case managers and develop in-home services for substance abuse, mental health and domestic violence issues to meet our parents’ unique needs.

Community Partnership for Children continues to actively identify and address current strengths and gaps in case management practices, provide targeted training on pertinent topics and implement quality initiatives in an effort to develop an effective system of care for our children and families.